

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 64

12301

1. PLACE OF DEATH:

County CarolineCity or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 years

Hospital, Institution, or street address where death occurred:

300 South Main Street

How long in hospital or institution?

3. (a) FULL NAME

Adie H. Bowdle

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Daniel G. Bowdle

7. Birth date of deceased (mo., day, yr.)

December 6, 1865

6. (c) If alive, give age — years

8. AGE:

Years
82Months
11Days
27If less than one day
hrs. min.

9. Birthplace

Dorchester County, Maryland

(Town, county (and state))

10. Usual occupation

Housework

11. Industry or business

Home

12. Name

Charles L. Henry

13. Birthplace

Dorchester County, Maryland

14. Maiden name

— Page

15. Birthplace

Dorchester County, Maryland

16. Informant

Mrs. Anna T. Horsey

Address

Federalsburg, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof December 5, 1948
(month) (day) (year)

Cemetery or crematory

Hop Crest Cemetery

Location

Federalsburg, Maryland

18. Funeral director

J. J. Frampton & Son

Address

Federalsburg, Maryland

19. December 4

1948

(Date rec'd by registrar)

S. J. Frampton
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty CarolineCity or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No. 300 South Main Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 3, 1948, at 6:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1st, 1944, to Dec 2, 1948and that I last saw her alive on Dec 2, 1948

Immediate cause of death

External Hemorrhage. Aug 1948Due to Generalized Arteriosclerosis10/14 my infarction

Due to

General Debility

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

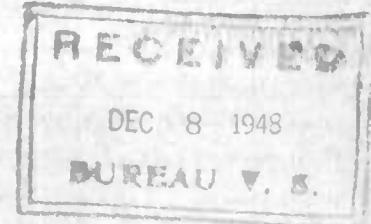
Injured at home, farm, industry, pub'l place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. E. Johnson, M.D.
M. D. or otherAddress Federalsburg, Maryland Date signed Dec 4, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12987

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

204 East Central Avenue

How long in hospital or institution? _____

3. (a) FULL NAME

Harry W. Carroll

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MaleWhiteMarried

6. (b) Name of husband or wife

Carrie L. Carroll6. (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.)

December 26, 1869

8. AGE:

Years
78Months
11Days
21It less than one day
hrs. _____ min. _____

9. Birthplace

Federalsburg, Maryland

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Postmaster

MOTHER FATHER

12. Name John W. Carroll13. Birthplace Federalsburg, Maryland14. Maiden name Mary Hattie15. Birthplace Federalsburg, Maryland

16. Informant

J. Russell Carroll

Address

Federalsburg, Maryland

17. Burial

Date thereof December 22, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Hill Crest Cemetery

Location

Federalsburg, Maryland

18. Funeral director

J. J. Trumpton, Jr. Son

Address

Federalsburg, Maryland19. December 31, 1948

(Date rec'd by registrar)

J. J. Trumpton

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty CarolineCity or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No. 204 East Central Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH December 17, 1948 at 9:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 2, 1948 to December 17, 1948and that I last saw him alive on December 17, 1948

Immediate cause of death

Carcinoma of Urinary BladderDURATION 1 year

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings or operations

Carcinoma of Urinary BladderDate of op. Dec. 19, 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____

Date of _____

Where did injury occur? _____

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____

Injured at work? _____

23. SIGNATURE

Brugge

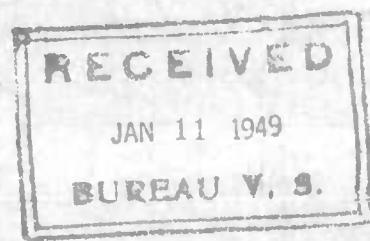
M. D. or other

Address Bridgewater, Md. Date signed 12/21/483
1
The correct page

MARGIN RESERVED FOR BINDING

VS A15 9-45-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12502

93d

CERTIFICATE OF DEATH

Reg. Dist. No.

60

1. PLACE OF DEATH:

County CarolineCity or town Marydel

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Months

Hospital, institution, or street address where death occurred:

How long in hospital or institution? X

3. (a) FULL NAME

Frank Elester Eldridge4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Amelia7. Birth date of deceased (mo., day, yr.) June 24, 1880 6. (c) If alive, give age 75 years8. AGE: Years 68 Months 5 Days 29 It less than one day hrs. min.9. Birthplace North East, Penna. (Town, county, and state)10. Usual occupation Retired Farmer11. Industry or business X12. Name Albert Eldridge13. Birthplace Peen Yan, N.Y.14. Maiden name Dolly Lescritch15. Birthplace Erie, Penna.16. Informant Amelia EldridgeAddress Marydel, Maryland.17. Burial Burial Data thereof 12/27/48 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory TemplevilleLocation Templeville, Maryland.18. Funeral director Raymond B. RawlingsAddress Greensboro, Maryland.19. 12/27/48 1948 J. Clark Smith
(Date rec'd by registrar) (Date of death) (Signature) (Title)

Registrar

2. USUAI. RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Marydel (If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2.(a) If veteran, name war: _____

3. (b) Social Security Number

163-20-3400

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 19 48 at 11:1521. CERTIFY that death occurred on the date above stated; that the deceased from Dec. 23 19 48 to Dec 23 19 48and that I last saw him alive on Dec 23 1948 19 48 to Dec 23 19 48Immediate cause of death: Angina PectorisDue to: CardiovascularDue to: C.V. Disease

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings of operations: _____

Date of op. _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, pub'l place (where?) _____

Means of injury: _____

Injured at work? _____

23. SIGNATURE: John H. Stevens, Jr.M. D. or other: Greensboro, Maryland Date signed: 1948

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JAN 5 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12303

CERTIFICATE OF DEATH

93d
Reg. Dist. No. 62

1. PLACE OF DEATH:

County

Caroline

City or town

De St. Louis

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

10 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Grace May Elliott

4. Sex

7

5. Color or race

W

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

John Elliott

7. Birth date of deceased (mo. day, yr.)

Feb. 10 1883

6. (c) If alive, give age

—

years

8. AGE:

Years

Months

Days

If less than one day

65

10

14

hrs.

min.

9. Birthplace

Pennsylvania

(Town, county, and state)

10. Usual occupation

Practical Nurse

11. Industry or business

MOTHER FATHER

12. Name

James Carter

13. Birthplace

Penn.

14. Maiden name

Edna Stahl

15. Birthplace

Penn.

16. Informant

Mrs. Jessica De Witte

Address

Denton, Md.

17. Burial

Burial

(Burial, cremation, or removal. Which?)

Data thereof 12-27-48

(month) (day) (year)

Cemetery or crematory

Denton

18. Funeral director

J. V. Moore & Son

Address

Denton, Md.

19. (Date rec'd by registrar)

1948

1948

Mar 50 June

Registrar

VS A15
9-45-13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Caroline

City or town

Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 24 1948 at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 24 1948 to Dec 24 1948

and that I last saw her alive on Dec 24 1948

Immediate cause of death

Cardiac arrest

DURATION

sudden

Due to Arterio sclerosis

3 mo.

Due to Myocarditis

1 mo.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Data of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

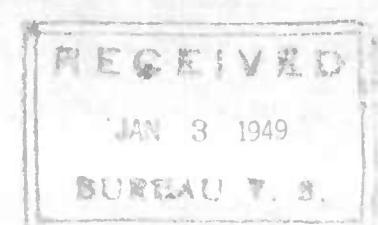
Denton D. George

M. D. or other

Address

Denton

Date signed 1948/1/27



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12304

CERTIFICATE OF DEATH

169
Reg. Dist. No. 60

1. PLACE OF DEATH:

County..... Caroline

City or town..... Goldsboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 6 Months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?..... X

3. (a) FULL NAME

Donald Earl Hart

4. Sex..... 5. Color or race..... 6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)..... November 16, 1940

6. (c) If alive, give age..... years

8. AGE: Years..... 8 Months..... 0 Days..... 20 It less than one day..... hrs..... min.....

9. Birthplace..... Belfast Maine

(Town, county, and state)

10. Usual occupation..... None

11. Industry or business..... None

12. Name..... Gilbert Hart

13. Birthplace..... Belfast Maine

14. Maiden name..... Bertha Helstrom

15. Birthplace..... Machias Maine

16. Informant..... Gilbert Hart

Address..... Goldsboro, Maryland.

17. Burial..... Date thereof..... 12/ 8/48

(Burial, cremation, or removal. White?)

(month) (day) (year)

Cemetery or crematory..... Greensboro

Location..... Greensboro, Maryland.

18. Funeral director..... Raymond B. Rawlings

Address..... Greensboro, Maryland.

19. 12/ 8 48 J. Clarke Smith, Registrar

2. USUAI. RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Caroline

City or town..... Goldsboro

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war..... None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 6

19 48 at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death.....

Hemorrhage
Decapitated -
R.P. absent

Due to..... multiple Fractures

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

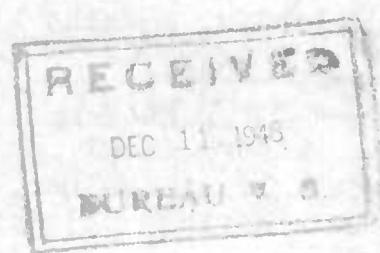
Accident, suicide, or homicide..... accident Date of 12/6/48

Where did injury occur?..... Goldsboro (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) P.P.

Means of injury..... Run over by train Injured at work? no

23. SIGNATURE..... *James D. George*
M. D. or other *Orthopaedic Surgeon*Address..... *Dr. James D. George* Date signed 12/7/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12305

50

CERTIFICATE OF DEATH

Reg. Dist. No.

66

1. PLACE OF DEATH:

County: Caroline

City or town: Ridgely

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? X

3. (a) FULL NAME

Josephine Elizabeth Hines

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

F Col. Married

6. (b) Name of husband or wife William Hines

7. Birth date of deceased (mo., day, yr.) May 11, 1882

6. (c) If alive, give age 72 years

8. AGE: Years Months Days If less than one day

66 7 9 hrs. min.

9. Birthplace Baltimore, Maryland

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business X

12. Name Preston Griffin

13. Birthplace Maryland

14. Maiden name Elizabeth Bryce

15. Birthplace Maryland

16. Informant Harwood Hines

Address 2119 N. 21st. St. Phila. Penna.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 12/22/48

(month) (day) (year)

Cemetery or crematory Denton

Location Denton, Maryland

18. Funeral director Raymond B. Rawlings

Address Greensboro, Maryland.

Dec. 21, 1948

(Date rec'd by registrar)

Mary E. Laird

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Ridgely

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

None

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20

19. 48, at 8: A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

December 1, 1948, to Dec. 20, 1948

and that I last saw her alive on December 19, 1948

Immediate cause of death

Carcinoma of Breast

DURATION

2 yrs. 7 mos. 21 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

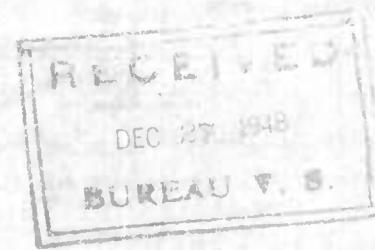
Means of injury

Injured at work?

23. SIGNATURE

Address Charles N. Snodderly M. D. or other

Date signed 12-20-48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

12306

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 month

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Anna F. Hollingsworth

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Charles

7. Birth date of deceased (mo., day, yr.)

March 6, 1869

6. (c) If alive, give age

8. AGE:

79

9

10

26

Days

If less than one day

hrs.

min.

9. Birthplace

Willow Brook Del.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Hudson's Grocer

12. Name

Hudson's Grocer

13. Birthplace

Del.

14. Maiden name

Sallie Moore

15. Birthplace

Del.

16. Informant

Mrs. Courtney Edwards

Addressee

Ridgely, Md.

17. Burial

Burial

(Burial, cremation, or removal. Which?)

Date thereof. 12/19/48

(month) (day) (year)

Cemetery or crematory

Greensboro

Location

Greensboro, Md.

18. Funeral director

Raymond B. Rawlings

Addressee

Greensboro, Md.

19. Dec. 17

1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. Md.

County. Caroline

City or town.

Greensboro, Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war.

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 16 1948 at 10:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 1 1948 to Dec. 16 1948

and that I last saw her alive on December 15 1948

Immediate cause of death

Bronchitis, pneumonia

DURATION

2 da

Due to

Due to

Other conditions

Under Renal Disease

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

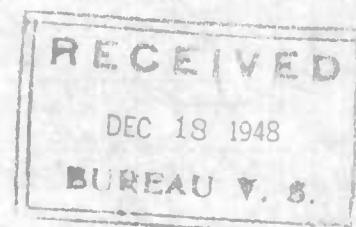
Injured at work?

23. SIGNATURE

M. D. or A.B.P.

Address. Greensboro, Md. Date signed. 12/17/48

RECEIVED TO FORTRESS 27172 1948



PLEASE WRITE PLAINLY, WITH UNEADING INK. Supply every item of information carefully. If correct age is especially important, physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12317

CERTIFICATE OF DEATH

51c
Reg. Dist. No. 62

1. PLACE OF DEATH:

County CarolineCity or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yearHospital, Institution, or street address where death occurred: Near HarmonyHow long in hospital or institution? 7

3. (a) FULL NAME

Willard A. Johnson4. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Pauline C. Johnson7. Birth date of deceased (mo., day, yr.) June 1, 19166. (c) If alive, give age 29 years

8. AGE:

Years 32Months 6Days 26

If less than one day

hrs. min.9. Birthplace Dorchester County, Maryland

(Town, county, and state)

10. Usual occupation Farmer11. Industry or business Farm

MOTHER FATHER

12. Name Carl T. Johnson13. Birthplace Caroline County, Maryland14. Maiden name Lula Allen15. Birthplace Dorchester County, Maryland16. Informant Mrs. Pauline C. JohnsonAddress Preston, Maryland, U.S.A.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof December 30, 1948
(month) (day) (year)Cemetery or crematory Linchester CemeteryLocation Near Preston, Maryland18. Funeral director J. J. Trumpton & SonAddress Federalsburg, Maryland

19. 12/30

(Date rec'd by registrar)

19. 48

Cornelia D. Plummer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty CarolineCity or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Harmony

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

216-09-3218

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 27 1948, at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 1947 to Dec. 1948

and that I last saw him alive on Dec. 23, 1948

Immediate cause of death Gastricema of Testicle

DURATION

14 mo.

Due to Mitral stenosis of the heart

6 mo.

of neck & abdomen

Due toOther conditions

(Include pregnancy within 3 months of death)

Major findings or operationsDate of op.Autopsy results

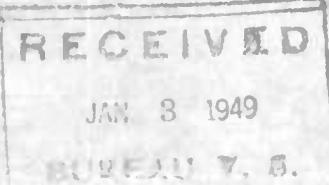
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date ofWhere did injury occur? (City or town) (County) (State)Injured at home, farm, industry, pub'l place (where?)Means of injuryInjured at work?

23. SIGNATURE

Philipine D. Seymour
M. D. or other
Address Easton, Md. Date signed 12/28/48



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No. 12308 13

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Caroline
City or town Preston

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Maple Avenue

How long in hospital or institution?

3. (a) FULL NAME

Edward J. Moore

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Della R. Moore

7. Birth date of deceased (mo., day, yr.)

February 16, 18696. (c) If alive, give age 67 years

8. AGE:

Years
79Months
9Days
22

If less than one day

hrs.

min.

9. Birthplace

Caroline County, Maryland

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Line of Tertilex Dealer

12. Name

Edward Thomas Moore

13. Birthplace

Caroline County, Maryland

14. Maiden name

Emma Andrews

15. Birthplace

Dorchester County, Maryland

16. Informant

Mrs. Della R. Moore

Address

Preston, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof December 11, 1948
(month) (day) (year)

Cemetery or crematory

Hick Crest Cemetery

Location

Federalsburg, Maryland

18. Funeral director

J. J. Grampone and Son

Address

Federalsburg, Maryland19. Dec. 9

19 48

(Date rec'd by registrar)

Cornelia Plummer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Preston (If outside city or town limits, write RURAL and give nearest town)Street No. Maple Avenue (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8

19 48, at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/10/39 19 to 12/8 19 48and that I last saw him alive on 12/7/48 19 24

Immediate cause of death

Myocardial Failure

DURATION

2 mon

Due to Hypertensive arteriosclerotic Heart DiseaseDue to Arteriosclerosis

15 yrs

Other conditions Benign Prostatic Hyper Diverticulosis 4 yr 75 yrs
(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

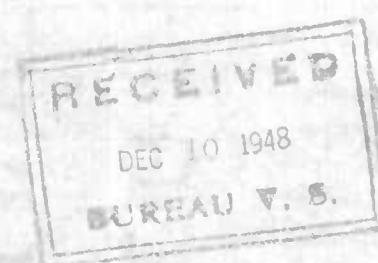
Meane of injury

Injured at work?

23. SIGNATURE HandyBunnell

M. D. or other

Address Preston, MarylandDate signed 12/8/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12309

CERTIFICATE OF DEATH

93d
Reg. Dist. No. 13

1. PLACE OF DEATH:

County CarolineCity or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, Institution, or street address where death occurred:

Choptank Road

How long in hospital or institution?

3. (a) FULL NAME

Charles G. Nusbaum

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) January 11, 1869

6. (c) If alive, give age

years

8. AGE: Years 79 Months 11 Days 4 If less than one day

hrs.

min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name David Nusbaum13. Birthplace Frederick County, Maryland14. Maiden name Mary Ecker15. Birthplace Frederick County, Maryland16. Informant John H. NusbaumAddress Preston, Maryland17. Burial Date thereof December 19, 1948
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Presbyterian CemeteryLocation New Windsor, Maryland18. Funeral director F. J. Tramptona, Esq.Address Ellicott City, Maryland

19. Dec. 18

19 48

(Date rec'd by registrar) Cornelius D. Plummer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty CarolineCity or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Choptank Road

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15 19 48 at 1 A.M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from October 1 19 45 to December 15 19 48 and that I last saw him alive on December 11 19 48Immediate cause of death MyocardialFailure from complete
Heart BlockDue to Arteriosclerotic Heart
Disease

Due to

DURATION

15 min

10 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results none Done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

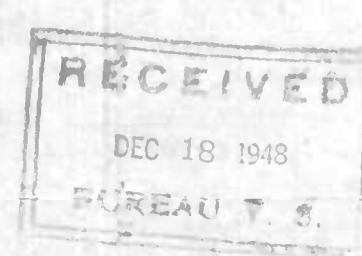
Injured at home, farm, industry, pub'l place (where?)

Means of injury

Injured at work?

23. SIGNATURE.....

Hansy B. Plummer M. D. or otherAddress Preston, Maryland Date signed 12/17/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12310
62

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

f

col

married

6. (b) Name of husband or wife

Isaac Ryans

6. (c) If alive, give age 63 years

7. Birth date of deceased (mo. day, yr.)

(No Record) 1886

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Near Hillsboro and

(Town, county and state)

10. Usual occupation

at home

11. Industry or business

MOTHER FATHER

12. Name

Elijah Tresson

13. Birthplace

Maryland

14. Maiden name

Addie Sleith

15. Birthplace

Maryland

16. Informant

Isaac Ryans (Husband)

Address

Hillsboro and

17. Burial

Burial

Date thereof 12-16-48

(month) (day) (year)

(Burial, cremation, or removal? Which?)

Cemetery or crematory

Halloway Cemetery

Location

Near Hillsboro

18. Funeral director

J. Vigil Moore & Son

Address

1716 18th

19. (Date rec'd by registrar)

(Date of death)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Caroline

City or town Rural

near Hillsboro

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1948 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 19, 1948 to Dec. 12 1948

and that I last saw her alive on December 12 1948

Immediate cause of death

Tuberculosis of the lungs

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

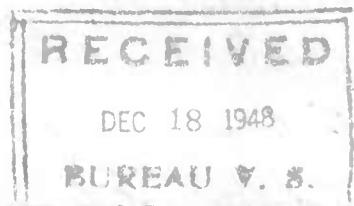
Keri Lederer M.D.

M. D. or other

Address

Date signed

9861
29
8/6/



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12311

CERTIFICATE OF DEATH

83a

62

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Clifton Reeves

4. Sex

M

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Dec 17 1904

8. AGE:

Years Months Days If less than one day

about 44

7

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

day labor

11. Industry or business

Linen Dealer

12. Name

Mother FATHER

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

Street No.

County

City or town

Street No.

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 24 1948 at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19...

19...

and that I last saw h..... alive on

19...

Immediate cause of death

Cerebral Hemorrhage (Sudden)

Due to

Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

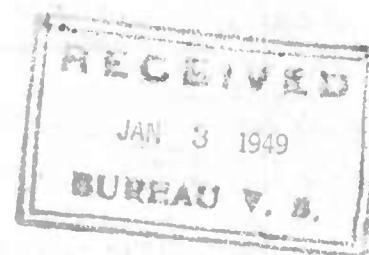
Injured at work?

23. SIGNATURE

John J. George M. D. or other

Dept. Medical Board Date signed

Address Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. Is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12312
93d
62

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County

Paradise

City or town

Wilmington

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

40 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Rosa Lee Timmons

4. Sex

F

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

widow

6. (b) Name of husband or wife

George Timmons, Deceased

7. Birth date of deceased (mo., day, yr.)

June 2 " 1878

6. (c) If alive, give age..... years

8. AGE:

Years
70Months
7Days
3If less than one day
hrs. min.

9. Birthplace

Berlin Maryland

(Town, county, and state)

10. Usual occupation

at home

11. Industry or business

MOTHER FATHER

12. Name

Teaster

13. Birthplace

Maryland

14. Maiden name

no data - no records

15. Birthplace

unknown

16. Informant

Mrs. Lillian Sparks

Address

Deutscher End.

17. Burial

Date thereof 12-7-48
(Burial, cremation, or removal. Which?)
(month) (day) (year)

Cemetery or crematory

Deutscher Cemetery

Location

Deutscher Field

18. Funeral director

J. Virgil Moore & Son

Address

Deutscher End.

19. 12/6

1948 M. D. George

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Paradise

City or town Deutscher

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 6

1948 at 8A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to

19.....

and that I last saw him alive on

Immediate cause of death

Indirect
occlusion

DURATION

Sunday

Due to Cardiovascular Disease

?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

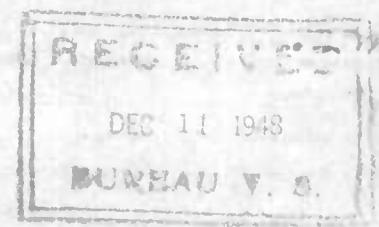
Injured at work?

23. SIGNATURE

Lanson George
Dept. of Public Health
Montgomery
Date signed 12/6/48

M. D. or other

Address



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12313

CERTIFICATE OF DEATH

422.2
93d

Reg. Dist. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Federalburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

West Central Avenue

How long in hospital or institution?

3. (a) FULL NAME

Ernest E. Wright

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Anna M. Wright6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.)

January 9, 1876

8. AGE:

Years 72Months 11Days 14

If less than one day

hrs. min.

9. Birthplace

Dorchester County, Maryland

(Town, county, and state)

10. Usual occupation

Operator of storeGroceries

11. Industry or business

12. Name

Mrs. Ernest Wright

MOTHER FATHER

13. Birthplace

Dorchester County, Maryland

14. Maiden name

Sarah Williams

15. Birthplace

Dorchester County, Maryland

16. Informant

Mrs. Anna M. Wright

Address

Federalburg, Maryland

17. Burial

Date thereof December 26, 1948

(month) (day) (year)

Burial, cremation, or removal. Which?

CemeteryHick Crest Cemetery

Cemetery or crematory

Federalburg, Maryland

Location

Federalburg, Maryland

18. Funeral director

J. J. Traumpton

Address

Federalburg, Maryland

19. December 26, 1948

(Date rec'd by registrar)

J. J. Traumpton

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty CarolineCity or town Federalburg

(If outside city or town limits, write RURAL and give nearest town)

Street No. West Central Avenue

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

218-01-1349

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 23

1948 at 5:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 18, 1948 to Dec 23, 1948and that I last saw him alive on Dec 23, 1948

Immediate cause of death

Cerebral Thrombosis

DURATION

5 days

Due to

Chronic Myo-carditis

5 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank M. Anderson MD

M. D. or other

Address

Federalburg, Maryland

Date signed 12-26-48

